



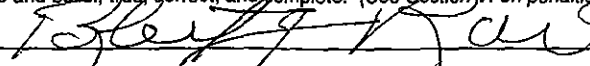
# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER  007-720	2. PERIOD COVERED MO DAY YEAR From 01 01 2001 Through 12 31 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:																								
	<b>IMPORTANT</b>  Peel off the address label from the back of the package and place it here.  If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4 through 8.																										
4. AFFILIATION OR ORGANIZATION NAME PRODUCTION SERVICE + SALES DISTRICT COUNCIL		8. MAILING ADDRESS (Type or print in capital letters.) First Name FRED Last Name VERA P.O. Box • Building and Room Number (if any)  Number and Street 9201 4TH AVENUE City BROOKLYN State ZIP Code + 4 NY 11209-																									
5. DESIGNATION (Local, Lodge, etc.) LOCAL		6. DESIGNATION NUMBER 517-S																									
7. UNIT NAME (if any) UFCW AFL-CIO																											
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No																											
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)																											
<table border="1"><tr><td>Item Number</td><td>Description</td><td>Item Number</td><td>Description</td></tr><tr><td>11</td><td>PROD. SERVICE + SALES DISTRICT COUNCIL HEALTH FUND</td><td># 11-1889115</td><td></td></tr><tr><td>11</td><td>PROD. SERVICE + SALES DISTRICT COUNCIL PENSION FUND</td><td># 11-2006994</td><td></td></tr><tr><td>14</td><td>ABE STEINBERG CPA 50 MERRICK ROAD ROCKVILLE CENTER, N.Y. 11570</td><td></td><td></td></tr><tr><td>16</td><td>ROBERT J. RAO - PROD. SERVICE + SALES DISTRICT COUNCIL - PRESIDENT</td><td></td><td></td></tr><tr><td>24</td><td>WITHDRAWAL LIABILITY UNDER ERISA - \$86,629 PAYMENTS OF \$2,228 QUARTERLY</td><td></td><td></td></tr></table>				Item Number	Description	Item Number	Description	11	PROD. SERVICE + SALES DISTRICT COUNCIL HEALTH FUND	# 11-1889115		11	PROD. SERVICE + SALES DISTRICT COUNCIL PENSION FUND	# 11-2006994		14	ABE STEINBERG CPA 50 MERRICK ROAD ROCKVILLE CENTER, N.Y. 11570			16	ROBERT J. RAO - PROD. SERVICE + SALES DISTRICT COUNCIL - PRESIDENT			24	WITHDRAWAL LIABILITY UNDER ERISA - \$86,629 PAYMENTS OF \$2,228 QUARTERLY		
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)																											
76. SIGNED:  3 113102 (718) 491-4700 Date Telephone Number		77. SIGNED:  1 113102 (718) 491-4700 Date Telephone Number PRESIDENT (If other title, see instructions.) SECY TREASURER (If other title, see instructions.)																									

## During the Reporting Period Did Your Organization:

- |  | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | X  |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | X   |    |
| 12. Have a political action committee (PAC) fund? .....  |     | X  |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | X  |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  |     | X  |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |     | X  |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | X   |    |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  |     | X  |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2631
19. What is the date of your organization's next regular election of officers? MO 12 YEAR 2003
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 105000
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 14 <sup>00</sup> - 27 <sup>00</sup> per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 25 <sup>00</sup> - 100
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes No  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) X
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... X
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 007-720

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash.....		208849	282154
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....	1	0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	0	0
	30. Fixed Assets.....	5	297	265
	31. Other Assets.....	3	0	0
	32. TOTAL ASSETS.....		209146	282419

LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable.....		6621	6512
	34. Loans Payable.....	8	0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	1053	571
	37. TOTAL LIABILITIES.....		7674	7083
	38. NET ASSETS (Item 32 less Item 37).....		201472	275336

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 007-720

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues .....		782 374	56. To Officers .....	9	144 874
40. Per Capita Tax .....			57. To Employees .....	10	24 304
41. Fees .....			58. Per Capita Tax .....		335 638
42. Fines .....			59. Fees, Fines, Assessments, etc. ....		
43. Assessments .....			60. Office & Administrative Expense ....	13	31 362
44. Work Permits .....			61. Educational & Publicity Expense ...		
45. Sale of Supplies .....			62. Professional Fees .....		22 985
46. Interest .....			63. Benefits .....	11	38 916
47. Dividends .....			64. Contributions, Gifts & Grants .....	12	1 150
48. Rents .....			65. Supplies for Resale .....		
49. Sale of Investments & Fixed Assets .....	6		66. Direct Taxes .....		20 244
50. Loans Obtained .....	8		67. Withholding Taxes .....		64 005
51. Repayments of Loans Made .....	1		68. Purchase of Investments & Fixed Assets .....	7	
52. On Behalf of Affiliates for Transmittal to Them .....		46 080	69. Loans Made .....	1	
53. From Members for Disbursement on Their Behalf .....			70. Repayment of Loans Obtained .....	8	
54. Other Receipts .....	14	114	71. To Affiliates of Funds Collected on Their Behalf .....		46 189
			72. On Behalf of Individual Members ...		
			73. Other Disbursements .....	15	24 996
55. TOTAL RECEIPTS .....		828 568	74. TOTAL DISBURSEMENTS .....		755 263

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 007-720

Enter Amounts in Dollars Only — Do Not Enter Cents

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ..... <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>             ↑ Item 27 Column (A)           </div> <div>             ↑ Item 69           </div> <div>             ↑ Item 51           </div> <div>             ↑ Item 75 with Explanation           </div> <div>             ↑ Item 27 Column (B)           </div> </div>					

# **SCHEDULE 2 — INVESTMENTS** (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 007-720

# **SCHEDULE 3 — OTHER ASSETS**

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in ..... Item 31, Column (B)	

# **SCHEDULE 4 — OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. PAYROLL TAXES PAYABLE	571
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	571
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# **SCHEDULE 5 — FIXED ASSETS**

FILE NUMBER: 007-720

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	324	59	265	265
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			265	
Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# **SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		
Enter the Total from Line 8 in ..... Item 49				

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 007-720

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		0
Enter the Total from Line 8 in ..... <span style="float: right;">↑ Item 68</span>			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					0
Enter the Totals from Line 6 in ..... <span style="margin-left: 100px;">↑ Item 34 Column (C)</span> <span style="margin-left: 100px;">↑ Item 50</span> <span style="margin-left: 100px;">↑ Item 70</span> <span style="margin-left: 100px;">↑ Item 75 with Explanation</span> <span style="margin-left: 100px;">↑ Item 34 Column (D)</span>					



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 007-720

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*						
1. VERA Title PRESIDENT	FRED Status N		60400	0	1417	0	61817
2. LOIACANO Title PRESIDENT	SALVATO Status P		65512	0	404	0	65916
3. RAO Title SECRETARY TREAS	ROBERT Status C		35628	0	8618	0	44246
4. LOIACANO Title VICE PRESIDENT	SALVATO Status N		0	0	0	0	0
5. DESIMONE Title RECORDING SECY	JOSEPH Status C		0	0	0	0	0
6. LASORSA Title TRUSTEE	SAVERIO Status C		29000	0	1066	0	30066
7. LA SALLE Title VICE PRESIDENT	ROBERT Status P		0	0	0	0	0
8. Totals from additional pages (if any)							
9. Totals of Lines 1 through 8			190540	0	11505	0	202045
					10. Less Deductions 57171		
Enter the Total from Line 11 in ..... Item 56 ⇒					11. Net Disbursements 144874		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

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# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 007-720

Description (A)	To Whom Paid (B)	Amount (C)
1. DEATH BENEFITS	MEMBERS	1250
PENSION BENEFITS	PSSDC PENSION FUND	11585
2. GROUP LIFE INSURANCE	NORTH AMERICAN BENEFIT CO.	493
3. MEDICAL INSURANCE	Blue X/BLUE SHIELD, HORIZON	21790
4. PRESCRIPTION PLAN	GENERAL PRESCRIPTION SVCE	3798
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		38916
Enter the Total from Line 6		↑ Item 63


# **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. LONG ISLAND FED OF LABR	150
2. SMITHTOWN DEMOCRATIC	1000
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1150
Enter the Total from Line 8 in	
↑ Item 64	


# **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. RENT	17468
2. TELEPHONE	7890
3. STAFF, PRINTING, POSTAGE	6004
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	31362
Enter the Total from Line 8 in	
↑ Item 60	

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. FED SOC SEC TAX-REFUND	114
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	114
Enter the Total from Line 17 in .....  Item 54	

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. ORGANIZING SVCS RENDERED	19066
2. UNION DUES DEDUCTED	< 773
3. CONDOLENCE - FLOWERS	149
4. XMAS EXPENSE	383
5. BANK CHARGES	3
6. RETIREMENT PARTY	1238
7. WITHDRAWAL LIABIL. EXCISE TAX	1481
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	24996
Enter the Total from Line 17 in .....  Item 73	